

**Title 19—DEPARTMENT OF HEALTH AND SNEIOR SERVICES**  
**Division 30- Division of Regulation and Licensure**  
**Chapter 40-Comprehensive Emergency Medical Services Systems Regulations**  
**PROPOSED REGULATIONS (May 5, 2010)**

**19 CSR 30-40.XXX Transport Protocol for Stroke and STEMI Patients**

*PURPOSE: This rule establishes protocols for transporting suspected STEMI patients by severity and time of onset to the STEMI center where resources exist to provide appropriate care, and suspected stroke patients by severity and time of onset to the stroke center where resources exist to provide appropriate care.*

- (1) All licensed ambulances services, air ambulance services and emergency medical response agencies' shall use the state directed triage and transport protocol for suspected stroke patients unless using an alternative community-based or regional plan that has been approved by the department.
- (2) All licensed ambulances services, air ambulance services and emergency medical response agencies' shall use the state directed triage and transport protocol for suspected STEMI patients unless using an alternative community-based or regional plan that has been approved by the department.



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STROKE FIELD TRIAGE AND TRANSPORT PROTOCOL

### Step 1

**Assess life threatening conditions** → serious airway or respiratory compromise or immediate life threatening conditions that cannot be managed in the field



Yes



Transport to closest appropriate facility capable of managing life threatening condition.



No



### Step 2

Assess duration of onset of symptoms (**Time last known well**):

#### Group 1

Within lytic/therapeutic window

#### Group 2

Within potential therapeutic window

#### Group 3

Out-of-therapeutic window



Yes



Transport to the Level I, II, or III stroke center according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient within the treatment window. Process for bi-state regions address out-of-state transport where appropriate.



Yes



1) Transport to Level I stroke center **OR** 2) Transport to level I, II, or III stroke center according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment windows, with the goal to secure the appropriate treatment for the patient within the treatment window. Process for bi-state regions address out-of-state transport where appropriate.



Yes



Transport to stroke center (Level I- IV) according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient within the treatment window. Process for bi-state regions address out-of-state transport where appropriate.



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STEMI FIELD TRIAGE AND TRANSPORT PROTOCOL

### Step 1

**Assess life threatening conditions**—serious airway or respiratory compromise or immediate life threatening condition that cannot be managed in the field

Yes

Transport to closest appropriate facility capable of managing life threatening condition

No

### Step 2

#### Assess Vital Signs and ECG

- ECG (Equipment & ECG recommended) identifies ST elevation in two contiguous leads or new left bundle branch block **AND**
- Patient has **two of the following three signs of cardiogenic shock**
  - Hypotension, systolic blood pressure <90
  - Respiratory distress <10 or >29
  - Tachycardia, heart rate > 100

Yes

Transport to Level I STEMI center according to local and regional process, which shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient as expeditiously as possible, unless there is a Level II 30 minutes closer; process for bi-state regions addresses out-of-state transport where appropriate. Consider air/ground transport. Transmit ST-elevation ECG information to hospital.

No

### Step 3

**Assess transport time to PCI capable STEMI center from estimated time of symptom onset and time of STEMI identification.** ECG identifies ST elevation in two contiguous leads or new left bundle branch block. (If no ST-elevation or new left bundle branch block, consider 15-lead ECG, if available and transmit as appropriate)

#### Group 1

**Within PCI Window OR**  
Chest Pain > 12 hours OR  
Thrombolytic ineligible

#### Group 2

**Outside PCI Window**  
No other known complications

Yes

Transport to the Level I or II STEMI center according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient within the treatment window. Process for bi-state regions address out-of-state transport where appropriate.

Yes

Transport to the STEMI center (Level I-IV) according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient within the treatment window. Process for bi-state regions address out-of-state transport where appropriate. Consider lytic window and potential for lytic administration in transport decision.